

Please read the "CLIENT INFORMATION BOOKLET" for an explanation of Civil Rights, Eligibility Requirements, Confidentiality, Appeals Procedure, and the Client Assistance Program.

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|------------------|--|------------------------|--|------------------------------|---------------|------------------------------|--|
| Last Name | | Other Name(s) Used | | First Name | | Middle Initial | |
| Street Address | | | | Mailing Address If Different | | | |
| City | | Zip Code | | County | | | |
| Telephone Number | | Social Security Number | | Age | Date Of Birth | Driver's License/I.D. Number | |

Please describe your physical or mental impairment which constitutes or results in a substantial impediment to employment.

How can we help you?

Who referred you?

Full name of person not in your home who will always know where you live:

| | | | | | | | |
|---------|--|------|--|--------------|--|--------------|--|
| Address | | City | | Phone Number | | Relationship | |
|---------|--|------|--|--------------|--|--------------|--|

RELEASE OF INFORMATION TO PROSPECTIVE EMPLOYERS:

I hereby authorize the Department of Rehabilitation to release information (except medical and psychological) to prospective employers for the purpose of assisting me in job placement. I understand that only information necessary to assist me in job placement will be released. This consent applies until such time as my case is closed or I specifically withdraw my consent.

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YES

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NO

ORIENTATION MATERIALS:

I have received my "Client Information Booklet" and have discussed with my Counselor: Civil Rights, Eligibility Requirements, Informed Choice, Confidentiality, Appeals Procedures, and the Client Assistance Program.

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YES

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NO

The Immigration Reform and Control Act of 1986, states employers should only hire American citizens and aliens who are authorized to work in the United States. To verify your employment eligibility, please check box below. This does not replace requirements of employers as specified under the Immigration Reform and Control Act of 1986.

I am:

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1. A citizen or national of the United States.

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2. An alien lawfully admitted for permanent residence (Alien Number A _____).

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3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

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4. None of the above.

**PLEASE SEE PAGE 2 FOR INFORMATION ON YOUR APPEAL RIGHTS
AND HOW TO CONTACT YOUR CLIENT ASSISTANCE PROGRAM ADVOCATE.**

| | | | | | |
|-----------------------|--|-------------|--|--|--|
| Applicant's Signature | | Date Signed | | Parent/Guardian's Signature (required for minor) | |
|-----------------------|--|-------------|--|--|--|

TO BE COMPLETED BY COUNSELOR

| | | | | | |
|-----------------------|--|-------------|----------------------------|--------------------------|--|
| Counselor's Signature | | Date Signed | Counselor's Name (Printed) | Counselor's Phone Number | |
|-----------------------|--|-------------|----------------------------|--------------------------|--|

YOUR RIGHTS AND REMEDIES REGARDING YOUR REHABILITATION PROGRAM

If questions or problems arise while you are an applicant or client of the Department of Rehabilitation, please talk with your Rehabilitation Counselor and/or call the Client Assistance Program. You may bring a family member or other representative with you any time you meet with Department staff.

If you are dissatisfied with any action or decision of the Department, you have the right to speak to a Rehabilitation Supervisor, have an Administrative Review by the District Administrator, or file a formal request for a Fair Hearing directly with the Rehabilitation Appeals Board. In fact, you can always file for a Fair Hearing at any time; however, many problems can be resolved informally and more quickly at the local level.

You have the right to take any of the following steps should issues arise:

COUNSELOR Many misunderstandings and problems can be solved by talking them over with your Rehabilitation Counselor. Sometimes your counselor may not know that a problem exists. It is your responsibility to tell him or her.

SUPERVISOR If you believe that you and your counselor cannot resolve the issue, you may ask for a meeting with your counselor's supervisor to discuss the problem.

ADMINISTRATIVE REVIEW If the issue is not resolved with the Rehabilitation Supervisor, you may request an Administrative Review by the District Administrator. The Administrative Review must be requested within one year of the decision with which you disagree. If the issue is still not resolved at this level, you may request a Fair Hearing within 30 days.

FAIR HEARING At any time within one year of the action or decision with which you disagree (within 30 days if you had an administrative review) you may request a Fair Hearing. This is your opportunity to present your case to the Rehabilitation Appeals Board. The Board is composed of seven members who are citizens from the community, appointed by the Governor. At the hearing, you have the right to present information to the Board, explaining why you feel the Department should change a decision it has made. The Department of Rehabilitation is also allowed to provide information to the Board. After the hearing, a written, final decision will be made by the Board. Requests for Fair Hearing forms are available from Department staff and should be sent in writing to:

Rehabilitation Appeals Board
Department of Rehabilitation
P. O. Box 944222
Sacramento, CA 94244-2220
(916) 322-6608 (Voice) or (916) 323-4347 (TDD)

The Fair Hearing will be scheduled within 45 days of your request, unless you agree to a delay. You may appear at the hearing in person or have the matter heard on the written record. If the Fair Hearing decision does not satisfy you, you have the right to file a petition with the California Superior Court (within six months) to review the matter.

DISCRIMINATION

Further, if you have reason to believe that actions or decisions were based on discrimination against your protected status, such as race, religion, sex, etc., you have the right to contact the Department's Office of Civil Rights and Affirmative Action for discrimination counseling. Assistance regarding discrimination concerns can be obtained from the Office of Civil Rights and Affirmative Action by calling (916) 327-9120 (Voice or TDD).

CLIENT ASSISTANCE PROGRAM

The Client Assistance Program is available to assist you during the entire rehabilitation and appeals processes. You can call them toll free at (800) 952-5544.